

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of New York		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Miller, Mary A.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): FKA Mary A Wallis; FKA Mary A Cronin; AKA Mary A King		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-8764		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 5402 Peterboro Rd. Oneida, NY <div style="text-align: right; font-size: small;">ZIP Code 13421</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Madison		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input checked="" type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input checked="" type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input checked="" type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Miller, Mary A.**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Jessica G. Grady**June 8, 2015**

Signature of Attorney for Debtor(s)

(Date)

Jessica G. Grady**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Miller, Mary A.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Mary A. MillerSignature of Debtor **Mary A. Miller****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 8, 2015

Date

Signature of Attorney***X /s/ Jessica G. Grady**

Signature of Attorney for Debtor(s)

Jessica G. Grady

Printed Name of Attorney for Debtor(s)

Harris-Courage & Grady, PLLC

Firm Name

225 Greenfield Parkway**Ste. 107****Liverpool, NY 13088**

Address

Email: office@harrisbankruptcy.com**315-445-5608 Fax: 315-445-0738**

Telephone Number

June 8, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of New York**

In re Mary A. Miller

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Mary A. Miller
Mary A. Miller

Date: June 8, 2015

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of New York

In re **Mary A. Miller**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	6,280.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		5,213.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	38		87,851.74	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,273.87
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,246.00
Total Number of Sheets of ALL Schedules		51			
Total Assets			6,280.00		
Total Liabilities				93,064.74	

United States Bankruptcy Court
Northern District of New York

In re **Mary A. Miller**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,273.87
Average Expenses (from Schedule J, Line 22)	3,246.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,201.29

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		440.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		87,851.74
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		88,291.74

B6A (Official Form 6A) (12/07)

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand		20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		prepaid debit card		32.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		security deposit w/ landlord	-	850.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods		450.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Misc Household Goods		50.00
6. Wearing apparel.		Clothes		80.00
7. Furs and jewelry.		Misc Jewelry		15.00
8. Firearms and sports, photographic, and other hobby equipment.		Camera		10.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,507.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 Nissan Altima		4,773.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Dog		0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **4,773.00**
(Total of this page)
Total > **6,280.00**
(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Cash on Hand</u>			
Cash on hand	11 U.S.C. § 522(d)(5)	20.00	20.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
prepaid debit card	11 U.S.C. § 522(d)(5)	32.00	32.00
<u>Security Deposits with Utilities, Landlords, and Others</u>			
security deposit w/ landlord	11 U.S.C. § 522(d)(5)	850.00	850.00
<u>Household Goods and Furnishings</u>			
Household Goods	11 U.S.C. § 522(d)(3)	450.00	450.00
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
Misc Household Goods	11 U.S.C. § 522(d)(3)	50.00	50.00
<u>Wearing Apparel</u>			
Clothes	11 U.S.C. § 522(d)(3)	80.00	80.00
<u>Furs and Jewelry</u>			
Misc Jewelry	11 U.S.C. § 522(d)(4)	15.00	15.00
<u>Firearms and Sports, Photographic and Other Hobby Equipment</u>			
Camera	11 U.S.C. § 522(d)(5)	10.00	10.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2008 Nissan Altima	11 U.S.C. § 522(d)(5)	3,675.00	4,773.00

Total:	5,182.00	6,280.00
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			2008 Nissan Altima					
Time Buyers Inc. 3313 Seneca Tpke Canastota, NY 13032		-						
			Value \$ 4,773.00				5,213.00	440.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							5,213.00	440.00
Total (Report on Summary of Schedules)							5,213.00	440.00

0 continuation sheets attached

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 13421020200 Abc Distributing, LLC PO Box 619000 North Miami, FL 33261-9000		-				134.00
Account No. Alexander's Garden Gallery RR #5 Box 163 Canastota, NY 13032		-				77.00
Account No. ALLIANCE BANK One Park Place 300 South State ST Syracuse, NY 13202	X	-				8,425.00
Account No. Riehlman Shafer & Shafer 397 State Route 281 Tully, NY 13159-2486						Notice Only
Subtotal (Total of this page)						8,636.00

37 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 4299						
Anand Desai, MD PC PO Box 456 Rome, NY 13442	-					245.00
Account No.						
American Recovery Systems PO Box 456 Rome, NY 13442-0456		Representing: Anand Desai, MD PC				Notice Only
Account No. 4731-9004-4545-7426						
AOL Online PO Box 30622 Tampa, FL 33630-3622	-					369.00
Account No. Multiple accounts						
AT&T PO Box 8110 Aurora, IL 60507-8110	-					231.00
Account No.						
CAVALRY PORTFOLIO SERVICES ATTN: BANKRUPTCY DEPT PO BOX 1017 HAWTHORNE, NY 10532		Representing: AT&T				Notice Only
Sheet no. <u>1</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						845.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.							
IC SYSTEMS PO BOX 64378 ST PAUL, MN 55164		Representing: AT&T					Notice Only
Account No. 6982090							
Avon 413 Bacon Street Utica, NY 13501		-					943.00
Account No.							
Allied Data Corporation 13111 Westheimer Ste 400 TX 77077-5547		Representing: Avon					Notice Only
Account No.							
LTD Financial Services 7322 Southwest Freeway Suite 1600 Houston, TX 77074		Representing: Avon					Notice Only
Account No.							
Ncs Inc. PO Box 1285 Melville, NY 11747		Representing: Avon					Notice Only
Sheet no. <u>2</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							943.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 002293517803 BANK OF AMERICA ATTN: BANKRUPTCY DEPT, NC4-105-03-14 4161 PIEDMONT PARKWAY GREENSBORO, NC 27420	-		Over Draft				123.00
Account No. Penncro Associates PO Box 538 Oaks, PA 19456			Representing: BANK OF AMERICA				Notice Only
Account No. 3152455249446259 Bell Atlantic PO Box 15124 Albany, NY 12212-5124	-						786.00
Account No. 641754-00-5572257 BENEFICIAL ATTN: BANKRUPTCY DEPT 961 WEIGEL AVE ELMHURST, IL 60126-1058	-						2,456.00
Account No. 4431-1850-0066-9788 Best Bank 4000 West Brown Deer Rd Milwaukee, WI 53209	-						762.00
Sheet no. <u>3</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							4,127.00
Subtotal (Total of this page)							4,127.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Assecare Inc 5100 Peachtree Industrial Blvd Norcross, GA 30071		Representing: Best Bank				Notice Only
Account No.						
Integrated Capital 11100 Santa Monica Blvd Ste. 360 Los Angeles, CA 90025		Representing: Best Bank				Notice Only
Account No.						
Better Homes & Gardens PO Box 10670 DesMoines, IA 50336-0670	-					22.74
Account No.						
North Shore Agency, Inc. 270 Spagnoli Road Melville, NY 11747		Representing: Better Homes & Gardens				Notice Only
Account No. Multiple Accounts						
Blair Classic PO Box 29239 Shawnee Mission, KS 66201-9239	-					343.00
Sheet no. <u>4</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						365.74

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
ASSET ACCEPTANCE PO BOX 2036 WARREN, MI 48090-2036		Representing: Blair Classic				Notice Only
Account No.						
CRA Security Systems PO Box 67555 Harrisburg, PA 17106-7555		Representing: Blair Classic				Notice Only
Account No.						
Bradford Editions PO Box 836 Morton Grove, IL 60053	-					34.00
Account No.						
Direct Marketing Credit Services PO Box 863 Glendale, CA 91209		Representing: Bradford Editions				Notice Only
Account No.						
Bradford Exchange PO Box 836 Morton Grove, IL 60053	-					46.00
Sheet no. <u>5</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						80.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. North Shore Agency, Inc. 270 Spagnoli Road Melville, NY 11747			Representing: Bradford Exchange			Notice Only
Account No. Universal Fidelity PO Box 941911 Houston, TX 77094-8911			Representing: Bradford Exchange			Notice Only
Account No. CAPITAL ONE BANKRUPTCY DEPARTMENT PO BOX 30285 SALT LAKE CITY, UT 84130		-				2,290.00
Account No. 5770914925632947 Card Processing Center PO Box 183018 Columbus, OH 43218		-				440.00
Account No. FMS INC Forme 4915 S Union Ave Tulsa, OK 74107-7839			Representing: Card Processing Center			Notice Only
Sheet no. <u>6</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,730.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 49705	-					
Central NY Cardiology 2211 Genesee St. Suite 200 Utica, NY 13501						
						900.00
Account No.		Representing: Central NY Cardiology				Notice Only
Stewart D. Pratt 502 Burnet Street Utica, NY 13501						
Account No. multiple accounts	-	Medical				
Centrex Clinical Laboratories 28 Campion Rd New Hartford, NY 13413						
						1,836.00
Account No.		Representing: Centrex Clinical Laboratories				Notice Only
MED REV RECOVERIES, INC. PO BOX 4712 SYRACUSE, NY 13221-4712						
Account No.	-					
Chittenango Medical & Wellness Assoc. 227 East Genesee St. Chittenango, NY 13037						
						328.00
Sheet no. <u>7</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,064.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx1323		-	Med1 02 Medical Payment Data				602.00
Cmre Financial Services Inc 3075 E Imperial Hwy Ste 200 Brea, CA 92821							
Account No.		-					1,500.00
Community Memorial Hospital 150 Broad St. Hamilton, NY 13346							
Account No.			Representing: Community Memorial Hospital				Notice Only
MED REV RECOVERIES, INC. 424 PEARL ST. SYRACUSE, NY 13203							
Account No.		-					11.00
Cosmetique PO Box 94061 Palatine, IL 60094							
Account No.			Representing: Cosmetique				Notice Only
North Shore Agency, Inc. 270 Spagnoli Road Melville, NY 11747							
Sheet no. 8 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							2,113.00
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Judgment				
CREDIT ACCEPTANCE CORPERATION A Michigan Corporation 25505 West Twelve Mile Rd PO Box 513 Southfield, MI 48034	-					10,352.00
Account No.		Representing: CREDIT ACCEPTANCE CORPERATION				Notice Only
LeSchack & Grodensky PC 20 Thomas St. New York, NY 10007						
Account No.		Representing: CREDIT ACCEPTANCE CORPERATION				Notice Only
Stephen Einstein & Associates, P.C. 20 Vesey Street, Ste. 1406 New York, NY 10007						
Account No. xxxx9338		06 Progressive Insurance Company				
Credit Collections Svc Po Box 773 Needham, MA 02494	-					251.00
Account No. 5414-9073-9134-6884						
Cross Country Bank PO Box 15371 Wilmington, DE 19850	-					665.00
Sheet no. <u>9</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,268.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
First National Collect Bureau, Inc. 610 Waltham Way Sparks, NV 89434		Representing: Cross Country Bank				Notice Only
Account No.						
Tate & Kirlin Associates 2810 Southampton Rd Philadelphia, PA 19154-1207		Representing: Cross Country Bank				Notice Only
Account No.						
Crossing Book Club PO Bxo 6400 Camp Hill, PA 17012-6400		-				107.00
Account No.						
Penn Credit Corporation 916 S. 14th Street Harrisburg, PA 17104		Representing: Crossing Book Club				Notice Only
Account No.						
Dr. Elmasouri 24 Mexico St. Camden, NY 13316		-				29.00
Sheet no. <u>10</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						136.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Emergency Care Services Of NY PO Box 740021 Cincinnati, OH 45274-0021	-					23.00
Account No.						
Akron Billing Center 3585 Ridge Park Dr. Akron, OH 44333		Representing: Emergency Care Services Of NY				Notice Only
Account No. multiple accounts						
Family Health Center Of Community Memorial Hospital PO Box 317 Hamilton, NY 13346	-					1,243.00
Account No.						
Fashion Services Corp 366 Persall Ave. #7 Cedarhurst, NY 11516	-					74.00
Account No.						
USA Enterprises Inc. 639 Myrtle Ave Trevoise, PA 19053		Representing: Fashion Services Corp				Notice Only
Sheet no. <u>11</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,340.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. multiple accounts		Medical				
Faxton St. Luke's Healthcare PO Box 4849 Utica, NY 13504	-					2,422.00
Account No.						
Computer Credit, Inc. 640 West Fourth St., PO Box 5238 Winston-Salem, NC 27113-5238		Representing: Faxton St. Luke's Healthcare				Notice Only
Account No.						
MED REV RECOVERIES, INC. PO BOX 4712 SYRACUSE, NY 13221-4712		Representing: Faxton St. Luke's Healthcare				Notice Only
Account No.						
Mohawk Valley Network, Inc PO Box 4849 Utica, NY 13504		Representing: Faxton St. Luke's Healthcare				Notice Only
Account No.						
Senex Service Corp. PO Box 505 Linden, MI 48451		Representing: Faxton St. Luke's Healthcare				Notice Only
Sheet no. 12 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,422.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 4731-9004-4545-7426						
FIRST NATIONAL BANK OF MARIN/CREDIT ONE 585 PILOT ROAD LAS VEGAS, NV 89119	-					369.00
Account No.						
ALLIANCE 1 4850 STREET RD. STE 300 TREVOSSE, PA 19053		Representing: FIRST NATIONAL BANK OF MARIN/CREDIT ONE				Notice Only
Account No. 5178-0070-2154-8979						
FIRST PREMIER BANK ATTN: CORRESPONDENCE DEPT 3820 N LOUISE AVE SIOUX FALLS, SD 57107	-					415.00
Account No.						
ARROW FINANCIAL SERVICES 5996 W. TOUHY AVE NILES, IL 60714		Representing: FIRST PREMIER BANK				Notice Only
Account No.						
PORTFOLIO RECOVERY ASSOCIATES ATTN: BANKRUPTCY PO BOX 41067 NORFOLK, VA 23541		Representing: FIRST PREMIER BANK				Notice Only
Sheet no. 13 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						784.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Food And Family 1716 Locust Street Des Moines, IA 50309-3023	-					14.00
Account No. 480630000000326982407						
FORD MOTOR CREDIT COMPANY National Bankruptcy Service Center PO Box 537901 Livonia, MI 48153-7901	-					1,116.00
Account No.						
Portfolio Recovery Associates 120 Corporate Blvd Ste 100 Norfolk, VA 23502-4962		Representing: FORD MOTOR CREDIT COMPANY				Notice Only
Account No. 31568495771222084						
Frontier PO Box 20827 Rochester, NY 14602-0827	-					277.00
Account No.						
GEICO 4608 WILLARD AVE CHEVEY CHASE, MD 20815	-					90.00
Sheet no. <u>14</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,497.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Credit Collection Services Two Wells Ave. Needham, MA 02494		Representing: GEICO				Notice Only
Account No. Multiple Accounts		Medical				
Great Lakes Dental Services PC 107 East Chestnut St. Rome, NY 13057	-					53.00
Account No. 289755357						
Grolier Collectibles 90 Sherman Turnpike Danbury, CT 06816	-					16.00
Account No. 3243						
Happy Valley Animal Hospital 6127 Happy Valley Road Verona, NY 13478	-					600.00
Account No. 2307507003157708						
HSBC BANK ATTN: BANKRUPTCY PO BOX 5253 CAROL STREAM, IL 60197	-					1,600.00
Sheet no. <u>15</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,269.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
MRS Associates 3 Executive Campus, Ste 400 Cherry Hill, NJ 08002		Representing: HSBC BANK				Notice Only
Account No. 4136658						
IDT TELECOM Attn: Bankruptcy Department 520 Broad St. Newark, NJ 07102		-				207.00
Account No.						
OSI Collection Service PO Box 4918 Trenton, NJ 08650		Representing: IDT TELECOM				Notice Only
Account No.						
Penn Credit Corporation 916 S. 14th Street Harrisburg, PA 17104		Representing: IDT TELECOM				Notice Only
Account No.		Judgment				
Kozhaya Karrat 317 Higby Rd. New Hartford, NY 13413		-				2,400.00
Sheet no. <u>16</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,607.00

Case No. _____

(Continuation Sheet)

Sheet no. 17 of 37 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 4006-1000-0083-9575						
Management Outsourcing Solution & Techno 2C South Gold Drive Trenton, NJ 08691	-					380.00
Account No.						
Law Office Of Laurence A. Hecker 2C South Gold Drive Hamilton, NJ 08691		Representing: Management Outsourcing Solution & Techno				Notice Only
Account No. Multiple Accounts						
MCI ATTN: APD-BANKRUPTCY 500 TECHNOLOGY DRIVE-STE 300 WELDON SPRING, MO 63304	-					253.00
Account No.						
FMS INC Forme 4915 S Union Ave Tulsa, OK 74107-7839		Representing: MCI				Notice Only
Account No.						
Metropolitan Consumer Collection Service PO Box 50002 Watsonville, NY 95077		Representing: MCI				Notice Only
Sheet no. <u>18</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						633.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
MEID Construction 1341 Middle Rd. Oneida, NY 13421	-					34.00
Account No. 206155		Medical				
Mohammed S. Seedat MD 1009 East Ave Rome, NY 13440	-					60.00
Account No. 08055667029/710356661						
Mystery Book Club 96 Forest Garden Rd. Stevensville, MD 21666	-					82.00
Account No.						
RJM ACQ 575 Underhill Blvd Suite 224 Syosset, NY 11791		Representing: Mystery Book Club				Notice Only
Account No. Multiple Accounts						
NATIONAL GRID ATTN: BANKRUPTCY DEPT. 300 ERIE BLVD. WEST SYRACUSE, NY 13202-4250	-					7,569.00
Sheet no. <u>19</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						7,745.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Representing: NATIONAL GRID				Notice Only
SOLOMON & SOLOMON FIVE COLUMBIA CIRCLE ALBANY, NY 12203							
Account No. 1243152454512598		-					299.00
New Century Financial Serivces, Inc. 110 S Jefferson RD STE 4 Whippany, NJ 07981							
Account No.			Representing: New Century Financial Serivces, Inc.				Notice Only
PRESSLER & PRESSLER 305 Broadway 9th Floor New York, NY 10007							
Account No. Multiple Accounts		-					3,869.00
NIAGARA MOHAWK ATTN: BANKRUPTCY DEPT. 300 ERIE BLVD. WEST SYRACUSE, NY 13202-4250							
Account No.			Representing: NIAGARA MOHAWK				Notice Only
Mercantile Adjustment Bureau PO Box 9016 Williamsville, NY 14231							
Sheet no. 20 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							4,168.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Multiple Accounts						
NYSEG ATTN: BANKRUPTCY DEPT. PO BOX 5240 BINGHAMTON, NY 13902-5240	-					3,367.00
Account No.						
Alliance One Receivables Management, Inc 1684 Woodlands Dr. Ste 150 Maumee, OH 43537		Representing: NYSEG				Notice Only
Account No.						
NCO FINANCIAL SYSTEMS 507 Prudential Road Horsham, PA 19044		Representing: NYSEG				Notice Only
Account No. A5947						
Oneida Animal Hospital 101 Genesee Street Oneida, NY 13421	-					120.00
Account No. 1028989						
Oneida Daily Dispatch 130 Broad Street Oneida, NY 13421	-					34.00
Sheet no. <u>21</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,521.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Multiple Accounts		Medical - Judgments Index Nos. 13208-2004, 14033, 01-01173, 13052-2004				
Oneida Healthcare Center 321 Genesee Street Oneida, NY 13421	-					8,622.00
Account No.						
MED REV RECOVERIES, INC. PO BOX 4712 SYRACUSE, NY 13221-4712		Representing: Oneida Healthcare Center				Notice Only
Account No.						
ROBERT P. ROTHMAN, ESQ SUITE 107 120 E. WASHINGTON ST SYRACUSE, NY 13202		Representing: Oneida Healthcare Center				Notice Only
Account No.						
Stewart D. Pratt 502 Burnet Street Utica, NY 13501		Representing: Oneida Healthcare Center				Notice Only
Account No.						
Oneida Healthcare Rad Assoc PC PO Box 6120 Watertown, NY 13601-6120	-					36.00
Sheet no. 22 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,658.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Falcon Recovery Systems PO Box 552 Canton, NY 13617		Representing: Oneida Healthcare Rad Assoc PC				Notice Only
Account No. 11204						
Oneida Medical Associates 301 Genesee Street STe B Oneida, NY 13421	-					184.00
Account No.						
Oxmoor House 2100 Lakeshore Dr. Birmingham, AL 35209	-					25.00
Account No.						
North Shore Agency, Inc. 270 Spagnoli Road Melville, NY 11747		Representing: Oxmoor House				Notice Only
Account No. 932CRONI38066						
Pathology Asoc. Of Syr. Lab PLLC PO Box 37313 Syracuse, NY 13235	-					44.00
Sheet no. 23 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						253.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4317-3200-7187-6157						
Plains Commerce Bank 2101 W. 41st St. Ste 34 Sioux Falls, SD 57105	-					329.00
Account No.						
Popular Club 22 Lincoln Pl Garfield, NJ 07026	-					320.00
Account No.						
Penncro Associates PO Box 538 Oaks, PA 19456		Representing: Popular Club				Notice Only
Account No.						
Preferred Mutual Insurance Main St. PO Box 190 Morrisville, NY 13408	-					256.00
Account No. 0317998888						
Prevention PO Box 7319 Red Oak, IA 51591-0319	-					48.00
Sheet no. 24 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						953.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Rodale 33 E. Minor Street Emmaus, PA 18098		Representing: Prevention				Notice Only
Account No.						
Sunrise Credit Services 260 Airport Plaza Farmingdale, NY 11735		Representing: Prevention				Notice Only
Account No.						
Progressive PO Box 7247-0308 Philadelphia, PA 19170-0001	-					225.00
Account No.						
NCO FINANCIAL SYSTEMS 507 Prudential Road Horsham, PA 19044		Representing: Progressive				Notice Only
Account No.						
Publishers Clearing House PO Box 26305 Lehigh Valley, PA 18002-6305	-					54.00
Sheet no. <u>25</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						279.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
North Shore Agency, Inc. 4000 East Fifth Ave Columbus, OH 43219		Representing: Publishers Clearing House				Notice Only
Account No.						
Publishers Clearing House PO Box 4002936 Des Moines, IA 50340-2936	-					20.00
Account No. 104836e15		Medical				
Rad Assoc Of New Hartford PO Box 2009 East Syracuse, NY 13057	-					1,068.00
Account No. 8901-04		Medical				
Radiology Associates Of Oneida 185 Genesee Street, St. 600 Utica, NY 13501	-					193.00
Account No. 592014013						
Reader Service PO Box 9025 Buffalo, NY 14269	-					18.00
Sheet no. <u>26</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,299.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 00240109777							
Readers Digest PO Box 50005 Prescott, AZ 86304-5005	-						32.00
Account No.							
Credit Collection Services PO Box 55126 Boston, MA 02205-5126			Representing: Readers Digest				Notice Only
Account No. xxxx8295							
Receivables Performanc 20816 44th Ave W Lynnwood, WA 98036	-		Opened 10/01/13 Collection Attorney Time Warner Cable				255.00
Account No.							
Rewards Network 2 N. Riverside Plaza Suite 950 Chicago, IL 60606	-						380.00
Account No.							
Credit Management Group LLC 301 Keith St. SW #204 Cleveland, TN 37311			Representing: Rewards Network				Notice Only
Sheet no. 27 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							667.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. P. Scott Lowery, PC 4500 Cherry Creek Drive South, Ste. 700 Denver, CO 80246			Representing: Rewards Network				Notice Only
Account No. rodale PO Box 6001 Emmaus, PA 18098		-					100.00
Account No. Takhar Collection Services 537-1623 Military Rd. Niagara Falls, NY 14304			Representing: rodale				Notice Only
Account No. ROMCRON041776 Rome Emergency Services 484 Temple Hill Rd Ste 104 New Windsor, NY 12553-5529		-	Medical				444.00
Account No. Collection Bureau Of The Hudson Valley, PO Bxo 831 Newburgh, NY 12551			Representing: Rome Emergency Services				Notice Only
Sheet no. <u>28</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							544.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 167733-03		Medical				28.00
Rome Medical Radiology 185 Genesee Street, Ste 600 Utica, NY 13501	-					
Account No. Multiple Accounts		Medical				990.00
ROME MEMORIAL HOSPITAL 1500 NORTH JAMES ST ROME, NY 13440	-					
Account No.		Representing: ROME MEMORIAL HOSPITAL				Notice Only
Credit Bureau Services 821 Pe Emption Road Bldg 100 Geneva, NY 14456-2061						
Account No.						150.00
Senex Services 1574 Momentum Place Chicago, IL 60689	-					
Account No. xxxx4342		Opened 4/01/13 Last Active 4/06/15 Collection Attorney New York State Electric And Ga				1,802.00
Solomon & Solomon P C 5 Columbia Circle Albany, NY 12203	-					
Sheet no. 29 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,970.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 4925632947						
SPIEGEL ATTN: BANKRUPTCY PO BOX 9428 HAMPTON, VA 23541	-					440.00
Account No.						
Great Lakes Collection Bureau Inc. 45 Oak Street Buffalo, NY 14203-2697		Representing: SPIEGEL				Notice Only
Account No.						
Law Office Of Mitchell N. Kay, P.C. 7 Penn Plaza New York, NY 10001-3995		Representing: SPIEGEL				Notice Only
Account No.						
Midland Credit Management 8875 Aero Dr Ste 200 San Diego, CA 92123-2255		Representing: SPIEGEL				Notice Only
Account No. 607843163						
Sprint PO Box 1769 Newark, NJ 07101-1769	-					248.00
Sheet no. <u>30</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						688.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Diversfied Adjustment Service, Inc. 600 Coon Rapids Blvd Coon Rapids, MN 55433		Representing: Sprint				Notice Only
Account No. Multiple Accounts		Medical				
St. Elizabeth Medical Center 2209 Genesee St Utica, NY 13501-5930	-					493.00
Account No.						
Albert Damian Associates Inc. PO Box 205 Syracuse, NY 13211		Representing: St. Elizabeth Medical Center				Notice Only
Account No.						
MED REV RECOVERIES, INC. PO BOX 4712 SYRACUSE, NY 13221-4712		Representing: St. Elizabeth Medical Center				Notice Only
Account No. 44418		Medical				
Steven A. Levine D.O Pulmonary/Critical Care & Sleep Medicine 89 Genesee St. New Hartford, NY 13413	-					160.00
Sheet no. <u>31</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						653.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Southern Tier Credit Bureau PO Box 118 Hornell, NY 14843-1527		Representing: Steven A. Levine D.O				Notice Only
Account No. 20065		Medical				
Suresh Rayncha, Phsician PC 1 Oxford Crossing, Ste 6 New Hartford, NY 13413	-					15.00
Account No.						
Suzanne M. Stanton 3811 Harding Road Clinton, NY 13323	-					695.00
Account No.						
Collection Consultants Corp PO Box 319 Utica, NY 13503		Representing: Suzanne M. Stanton				Notice Only
Account No.						
Techno Services, LLC 55 Princeton Hightstown Rd Suite 101 Princeton Junction, NJ 08550	-					Unknown
Sheet no. 32 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						710.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
The Danbury Mint PO Box 371323 Pittsburgh, PA 15250	-					77.00
Account No.						
Universal Fidelity PO Box 941911 Houston, TX 77094-8911		Representing: The Danbury Mint				Notice Only
Account No. Multiple Account						
TIME WARNER CABLE PO Box 2086 Binghamton, NY 13902-2086	-					2,385.00
Account No.						
Credit Management 17070 Dallas Pkwy Dallas, TX 75248		Representing: TIME WARNER CABLE				Notice Only
Account No.						
NCO FINANCIAL SYSTEMS 507 Prudential Road Horsham, PA 19044		Representing: TIME WARNER CABLE				Notice Only
Sheet no. <u>33</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,462.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Risk Management Alternatives 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352		Representing: TIME WARNER CABLE				Notice Only
Account No.		Judgment				
Todd A Gioeli 79 West Seventh St. Oneida, NY 13421	-					3,016.00
Account No.						
Collection Consultants Corp PO Box 319 Utica, NY 13503		Representing: Todd A Gioeli				Notice Only
Account No.						
Robert S. Hershman, Esq. PO Box 1052 Utica, NY 13503		Representing: Todd A Gioeli				Notice Only
Account No. 493807						
Usa Datanet 318 South Clinton Street, Ste 502 Syracuse, NY 13202-1135	-					126.00
Sheet no. 34 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						3,142.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Mary A. Miller**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 00005824001		Medical				
Utica Emergency Physicians 3075 E. Imperial Hwy, #20 Brea, CA 92821	-					515.00
Account No.						
CMRE FINANCIAL SERVICES INC 3075 E. Imperial Hwy, #200 Brea, CA 92821		Representing: Utica Emergency Physicians				Notice Only
Account No. 125-8033						
Veritas Instrument Rental Incorporated PO Box 950 Pinellas Park, FL 33780	-					Unknown
Account No. Multiple Accounts						
VERIZON 404 BROCK DRIVE BLOOMINGTON, IL 61701	-					829.00
Account No.						
AFNI, INC. ATTN: DP RECOVERY SUPPORT PO BOX 3427 BLOOMINGTON, IL 61702		Representing: VERIZON				Notice Only
Sheet no. 35 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,344.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
MKS Financial Services Inc 701 S. Industrial Blvd., Ste 110 Eules, TX 76040		Representing: VERIZON				Notice Only
Account No.						
PRESSLER & PRESSLER 305 Broadway 9th Floor New York, NY 10007		Representing: VERIZON				Notice Only
Account No. 4317-3200-7187-6157						
Visa PO Box 17313 Baltimore, MD 21297-1313	-					329.00
Account No. 617757036						
Wfcb/Blair Catalog Bankruptcy Department PO Box 183043 Columbus, OH 43218-3043	-					86.00
Account No.						
ASSET ACCEPTANCE PO BOX 2036 WARREN, MI 48090-2036		Representing: Wfcb/Blair Catalog				Notice Only
Sheet no. <u>36</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						415.00

B6F (Official Form 6F) (12/07) - Cont.

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. C16-3702 William A. Graber MD PO Box 2003 East Syracuse, NY 13057	-					105.00
Account No. Wonder Time PO Box 37400 Boone, IA 50037-0400	-					10.00
Account No. Central Billing Services PO Box 37400 Boone, IA 50037		Representing: Wonder Time				Notice Only
Account No. 2890 Wood Forest PO Box 7889 The Woodlands, TX 77387-7889	-					330.00
Account No. Zoo Books PO Box 85509 San Diego, CA 92186-5509	-					20.00
Sheet no. <u>37</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 465.00
Total (Report on Summary of Schedules)						87,851.74

B6G (Official Form 6G) (12/07)

In re Mary A. Miller, Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

B6H (Official Form 6H) (12/07)

In re Mary A. Miller,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Jeffrey T. Ausman 8208 Lewis Point Rd. Canastota, NY 13032	ALLIANCE BANK One Park Place 300 South State ST Syracuse, NY 13202

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Mary A. Miller

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not employed

Home Health Aide

Dignity Plus, Inc.

PO Box 173
Central Square, NY 13036

8 months

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,924.31	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 2,924.31	\$ N/A

Debtor 1 **Mary A. Miller**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,924.31	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 497.19	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 497.19	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,427.12	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: B/F Contribution tax refund	8h.+ \$ 379.00	+ \$ N/A
	\$ 467.75	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 846.75	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,273.87	+ \$ N/A
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ 3,273.87	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Mary A. Miller

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 850.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Mary A. Miller**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	150.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	50.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	450.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	55.00
10. Personal care products and services	10. \$	45.00
11. Medical and dental expenses	11. \$	25.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	870.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	229.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	337.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
Specify: _____	19.	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: Pet Care		
car maint	21. +\$	20.00
	+\$	90.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	3,246.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	3,273.87
23b. Copy your monthly expenses from line 22 above.	23b. -\$	3,246.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	27.87
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: Debtor travels 100 miles a day for work		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of New York**

In re **Mary A. Miller**

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **53** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 8, 2015**

Signature **/s/ Mary A. Miller**
Mary A. Miller
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Northern District of New York**

In re **Mary A. Miller**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$14,134.00	2015 ytd income
\$17,030.00	2014 income
\$16,645.00	2013 income

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$971.00	2013 unemployment

B7 (Official Form 7) (04/13)

2

AMOUNT
\$1,215.00

SOURCE
2014 unemployment

3. Payments to creditors

None

☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
**Time Buyers Inc.
3313 Seneca Tpk
Canastota, NY 13032**

DATES OF
PAYMENTS
last three months

AMOUNT PAID
\$1,011.00

AMOUNT STILL
OWING
\$5,213.00

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None

☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Oneida Healthcare v. Mary Miller

NATURE OF
PROCEEDING
collection

COURT OR AGENCY
AND LOCATION
Oneida City Court - NYS

STATUS OR
DISPOSITION
pending

None

☐

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED CREDIT ACCEPTANCE CORPORATION A Michigan Corporation 25505 West Twelve Mile Rd PO Box 513 Southfield, MI 48034	DATE OF SEIZURE 2015	DESCRIPTION AND VALUE OF PROPERTY wage garnishment
--	--------------------------------	---

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

B7 (Official Form 7) (04/13)

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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Harris-Courage & Grady, PLLC 225 Greenfield Parkway Ste. 107 Liverpool, NY 13088		\$1,124.00

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
boyfriend	2014	1986 Honda VF1100 Magna - transfered to boyfriend

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF CREDITOR
**NYS DEPARTEMENT OF TAX
 BANKRUPTCY SECTION
 PO BOX 5300
 ALBANY, NY 12205-0300**

DATE OF SETOFF
2015

AMOUNT OF SETOFF
\$868

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS
238 A Genesee Street, Canastota, NY

NAME USED

DATES OF OCCUPANCY
2010 - 2013

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 8, 2015

Signature /s/ Mary A. Miller
Mary A. Miller
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of New York**

In re **Mary A. Miller**

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Time Buyers Inc.	Describe Property Securing Debt: 2008 Nissan Altima
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **June 8, 2015**

Signature **/s/ Mary A. Miller**

Mary A. Miller

Debtor

United States Bankruptcy Court
Northern District of New York

In re Mary A. Miller

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,124.00</u>
Prior to the filing of this statement I have received	\$	<u>1,124.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

All matters specifically not stated above. Does not include any motions or adversaries, including, but not limited to Motions to Modify, Motions to Avoid, Adversaries (filing or answering), Answering Motions for Relief, Answering Motions to Dismiss, Applications or Motions to Incur Non-emergency debt, Motions to Sell, Motions to Convert, Motions to Sever, Motion to Redeem, Motion for Violation of the Automatic Stay, Motion for Violation of the Permanent Injunction, Loss Mitigation, credit improvement programs, student loan repayment plans.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 8, 2015

/s/ Jessica G. Grady

Jessica G. Grady
Harris-Courage & Grady, PLLC
225 Greenfield Parkway
Ste. 107
Liverpool, NY 13088
315-445-5608 Fax: 315-445-0738
office@harrisbankruptcy.com

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of New York

In re **Mary A. Miller**

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Mary A. Miller

Printed Name(s) of Debtor(s)

X **/s/ Mary A. Miller**

Signature of Debtor

June 8, 2015

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK**

In re Mary A. Miller ,
FKA Mary A Wallis; FKA Mary A Cronin; AKA Mary A King

Debtor

Case No.

Chapter **7**

Social Security No(s). and all Employer's Tax Identification No(s). *[if any]*
xxx-xx-8764

CERTIFICATION OF MAILING MATRIX

I,(we), Jessica G. Grady , the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

Dated: June 8, 2015

/s/ Jessica G. Grady

Jessica G. Grady

Attorney for Debtor/Petitioner
(Debtor(s)/Petitioner(s))

Abc Distributing, LLC
PO Box 619000
North Miami, FL 33261-9000

AFNI, INC.
ATTN: DP RECOVERY SUPPORT
PO BOX 3427
BLOOMINGTON, IL 61702

Akron Billing Center
3585 Ridge Park Dr.
Akron, OH 44333

Albert Damian Associates Inc.
PO Box 205
Syracuse, NY 13211

Alexander's Garden Gallery
RR #5 Box 163
Canastota, NY 13032

ALLIANCE 1
4850 STREET RD. STE 300
TREVOSSE, PA 19053

ALLIANCE BANK
One Park Place
300 South State ST
Syracuse, NY 13202

Alliance One Receivables Management, Inc
1684 Woodlands Dr. Ste 150
Maumee, OH 43537

Allied Data Corporation
13111 Westheimer Ste 400
TX 77077-5547

American Recovery Systems
PO Box 456
Rome, NY 13442-0456

Anand Desai, MD PC
PO Box 456
Rome, NY 13442

AOL Online
PO Box 30622
Tampa, FL 33630-3622

ARROW FINANCIAL SERVICES
5996 W. TOUHY AVE
NILES, IL 60714

Assecare Inc
5100 Peachtree Industrial Blvd
Norcross, GA 30071

ASSET ACCEPTANCE
PO BOX 2036
WARREN, MI 48090-2036

AT&T
PO Box 8110
Aurora, IL 60507-8110

Avon
413 Bacon Street
Utica, NY 13501

BANK OF AMERICA
ATTN: BANKRUPTCY DEPT, NC4-105-03-14
4161 PIEDMONT PARKWAY
GREENSBORO, NC 27420

Bell Atlantic
PO Box 15124
Albany, NY 12212-5124

BENEFICIAL
ATTN: BANKRUPTCY DEPT
961 WEIGEL AVE
ELMHURST, IL 60126-1058

Best Bank
4000 West Brown Deer Rd
Milwaukee, WI 53209

Better Homes & Gardens
PO Box 10670
DesMoines, IA 50336-0670

Blair Classic
PO Box 29239
Shawnee Mission, KS 66201-9239

Bradford Editions
PO Box 836
Morton Grove, IL 60053

Bradford Exchange
PO Box 836
Morton Grove, IL 60053

CAPITAL ONE
BANKRUPTCY DEPARTMENT
PO BOX 30285
SALT LAKE CITY, UT 84130

Card Processing Center
PO Box 183018
Columbus, OH 43218

CAVALRY PORTFOLIO SERVICES
ATTN: BANKRUPTCY DEPT
PO BOX 1017
HAWTHORNE, NY 10532

Central Billing Services
PO Box 37400
Boone, IA 50037

Central NY Cardiology
2211 Genesee St. Suite 200
Utica, NY 13501

Centrex Clinical Laboratories
28 Campion Rd
New Hartford, NY 13413

Chittenango Medical & Wellness Assoc.
227 East Genesee St.
Chittenango, NY 13037

Cmre Financial Services Inc
3075 E Imperial Hwy Ste 200
Brea, CA 92821

CMRE FINANCIAL SERVICES INC
3075 E. Imperial Hwy, #200
Brea, CA 92821

Collection Bureau Of The Hudson Valley,
PO Bxo 831
Newburgh, NY 12551

Collection Consultants Corp
PO Box 319
Utica, NY 13503

Community Memorial Hospital
150 Broad St.
Hamilton, NY 13346

Computer Credit, Inc.
640 West Fourth St., PO Box 5238
Winston-Salem, NC 27113-5238

Cosmetique
PO Box 94061
Palatine, IL 60094

CRA Security Systems
PO Box 67555
Harrisburg, PA 17106-7555

CREDIT ACCEPTANCE CORPERATION
A Michigan Corporation
25505 West Twelve Mile Rd PO Box 513
Southfield, MI 48034

Credit Bureau Services
821 Pe Emption Road Bldg 100
Geneva, NY 14456-2061

Credit Collection Services
PO Box 55126
Boston, MA 02205-5126

Credit Collection Services
Two Wells Ave.
Needham, MA 02494

Credit Collections Svc
Po Box 773
Needham, MA 02494

Credit Management
17070 Dallas Pkwy
Dallas, TX 75248

Credit Management Group LLC
301 Keith St. SW #204
Cleveland, TN 37311

Cross Country Bank
PO Box 15371
Wilmington, DE 19850

Crossing Book Club
PO Bxo 6400
Camp Hill, PA 17012-6400

Direct Marketing Credit Services
PO Box 863
Glendale, CA 91209

Diversfied Adjustment Service, Inc.
600 Coon Rapids Blvd
Coon Rapids, MN 55433

Dr. Elmasouri
24 Mexico St.
Camden, NY 13316

Emergency Care Services Of NY
PO Box 740021
Cincinnati, OH 45274-0021

ERS SOLUTIONS
PO BOX 9004
RENTON, WA 98057

Falcon Recovery Systems
PO Box 552
Canton, NY 13617

Family Health Center Of
Community Memorial Hospital
PO Box 317
Hamilton, NY 13346

Fashion Services Corp
366 Persall Ave. #7
Cedarhurst, NY 11516

Faxton St. Luke's Healthcare
PO Box 4849
Utica, NY 13504

FIRST NATIONAL BANK OF MARIN/CREDIT ONE
585 PILOT ROAD
LAS VEGAS, NV 89119

First National Collect Bureau, Inc.
610 Waltham Way
Sparks, NV 89434

FIRST PREMIER BANK
ATTN: CORRESPONDENCE DEPT
3820 N LOUISE AVE
SIOUX FALLS, SD 57107

FMS INC Forme
4915 S Union Ave
Tulsa, OK 74107-7839

Food And Family
1716 Locust Street
Desmoines, IA 50309-3023

FORD MOTOR CREDIT COMPANY
National Bankruptcy Service Center
PO Box 537901
Livonia, MI 48153-7901

Frontier
PO Box 20827
Rochester, NY 14602-0827

GEICO
4608 WILLARD AVE
CHEVEY CHASE, MD 20815

Great Lakes Collection Bureau Inc.
45 Oak Street
Buffalo, NY 14203-2697

Great Lakes Dental Services PC
107 East Chestnut St.
Rome, NY 13057

Grolier Collectibles
90 Sherman Turnpike
Danbury, CT 06816

Happy Valley Animal Hospital
6127 Happy Valley Road
Verona, NY 13478

HSBC BANK
ATTN: BANKRUPTCY
PO BOX 5253
CAROL STREAM, IL 60197

IC SYSTEMS
PO BOX 64378
ST PAUL, MN 55164

IDT TELECOM
Attn: Bankruptcy Department
520 Broad St.
Newark, NJ 07102

Integrated Capital
11100 Santa Monica Blvd Ste. 360
Los Angeles, CA 90025

Jeffrey T. Ausman
8208 Lewis Point Rd.
Canastota, NY 13032

Kozhaya Karrat
317 Higby Rd.
New Hartford, NY 13413

Law Office Of Laurence A. Hecker
2C South Gold Drive
Hamilton, NJ 08691

Law Office Of Mitchell N. Kay, P.C.
7 Penn Plaza
New York, NY 10001-3995

Lenox Collections
PO Box 735
Bristol, PA 19007

LeSchack & Grodensky PC
20 Thomas St.
New York, NY 10007

LTD Financial Services
7322 Southwest Freeway Suite 1600
Houston, TX 77074

Madison County Dept Of Soc Serv
PO Box 637
Wampsville, NY 13163

Management Outsourcing Solution & Techno
2C South Gold Drive
Trenton, NJ 08691

MCI
ATTN: APD-BANKRUPTCY
500 TECHNOLOGY DRIVE-STE 300
WELDON SPRING, MO 63304

MED REV RECOVERIES, INC.
PO BOX 4712
SYRACUSE, NY 13221-4712

MED REV RECOVERIES, INC.
424 PEARL ST.
SYRACUSE, NY 13203

MEID Construction
1341 Middle Rd.
Oneida, NY 13421

Mercantile Adjustment Bureau
PO Box 9016
Williamsville, NY 14231

Metropolitan Consumer Collection Service
PO Box 50002
Watsonville, NY 95077

Midland Credit Management
8875 Aero Dr Ste 200
San Diego, CA 92123-2255

MKS Financial Services Inc
701 S. Industrial Blvd., Ste 110
Euless, TX 76040

Mohammed S. Seedat MD
1009 East Ave
Rome, NY 13440

Mohawk Valley Network, Inc
PO Box 4849
Utica, NY 13504

MRS Associates
3 Executive Campus, Ste 400
Cherry Hill, NJ 08002

Mystery Book Club
96 Forest Garden Rd.
Stevensville, MD 21666

NATIONAL GRID
ATTN: BANKRUPTCY DEPT.
300 ERIE BLVD. WEST
SYRACUSE, NY 13202-4250

NCO FINANCIAL SYSTEMS
507 Prudential Road
Horsham, PA 19044

Ncs Inc.
PO Box 1285
Melville, NY 11747

New Century Financial Serivces, Inc.
110 S Jefferson RD STE 4
Whippany, NJ 07981

NIAGARA MOHAWK
ATTN: BANKRUPTCY DEPT.
300 ERIE BLVD. WEST
SYRACUSE, NY 13202-4250

North Shore Agency, Inc.
270 Spagnoli Road
Melville, NY 11747

North Shore Agency, Inc.
4000 East Fifth Ave
Columbus, OH 43219

NYSEG
ATTN: BANKRUPTCY DEPT.
PO BOX 5240
BINGHAMTON, NY 13902-5240

Oneida Animal Hospital
101 Genesee Street
Oneida, NY 13421

Oneida Daily Dispatch
130 Broad Street
Oneida, NY 13421

Oneida Healthcare Center
321 Genesee Street
Oneida, NY 13421

Oneida Healthcare Rad Assoc PC
PO Box 6120
Watertown, NY 13601-6120

Oneida Medical Associates
301 Genesee Street STe B
Oneida, NY 13421

OSI Collection Service
PO Box 4918
Trenton, NJ 08650

Oxmoor House
2100 Lakeshore Dr.
Birmingham, AL 35209

P. Scott Lowery, PC
4500 Cherry Creek Drive South, Ste. 700
Denver, CO 80246

Pathology Asoc. Of Syr. Lab PLLC
PO Box 37313
Syracuse, NY 13235

Penn Credit Corporation
916 S. 14th Street
Harrisburg, PA 17104

Penncro Associates
PO Box 538
Oaks, PA 19456

Peter M. Hobaica Esq
2415 Genesee St.
Utica, NY 13501

Plains Commerce Bank
2101 W. 41st St. Ste 34
Sioux Falls, SD 57105

Popular Club
22 Lincoln Pl
Garfield, NJ 07026

PORTFOLIO RECOVERY ASSOCIATES
ATTN: BANKRUPTCY
PO BOX 41067
NORFOLK, VA 23541

Portfolio Recovery Associates
120 Corporate Blvd Ste 100
Norfolk, VA 23502-4962

Preferred Mutual Insurance
Main St.
PO Box 190
Morrisville, NY 13408

PRESSLER & PRESSLER
305 Broadway 9th Floor
New York, NY 10007

Prevention
PO Box 7319
Red Oak, IA 51591-0319

Progressive
PO Box 7247-0308
Philadelphia, PA 19170-0001

Publishers Clearing House
PO Box 26305
Lehigh Valley, PA 18002-6305

Publishers Clearing House
PO Box 4002936
Des Moines, IA 50340-2936

Rad Assoc Of New Hartford
PO Box 2009
East Syracuse, NY 13057

Radiology Associates Of Oneida
185 Genesee Street, St. 600
Utica, NY 13501

Reader Service
PO Box 9025
Buffalo, NY 14269

Readers Digest
PO Box 50005
Prescott, AZ 86304-5005

Receivables Performanc
20816 44th Ave W
Lynnwood, WA 98036

Rewards Network
2 N. Riveride Plaza Suite 950
Chicago, IL 60606

Riehlman Shafer & Shafer
397 State Route 281
Tully, NY 13159-2486

Risk Management Alternatives
802 E Martintown Rd Ste 201
North Augusta, SC 29841-5352

RJM ACQ
575 Underhill Blvd Suite 224
Syosset, NY 11791

RMCB
PO Box 1234
Elmsford, NY 10523-0934

ROBERT P. ROTHMAN, ESQ
SUITE 107
120 E. WASHINGTON ST
SYRACUSE, NY 13202

Robert S. Hershman, Esq.
PO Box 1052
Utica, NY 13503

rodale
PO Box 6001
Emmaus, PA 18098

Rodale
33 E. Minor Street
Emmaus, PA 18098

Rome Emergency Services
484 Temple Hill Rd Ste 104
New Windsor, NY 12553-5529

Rome Medical Radiology
185 Genesee Street, Ste 600
Utica, NY 13501

ROME MEMORIAL HOSPITAL
1500 NORTH JAMES ST
ROME, NY 13440

Senex Service Corp.
PO Box 505
Linden, MI 48451

Senex Services
1574 Momentum Place
Chicago, IL 60689

SOLOMON & SOLOMON
FIVE COLUMBIA CIRCLE
ALBANY, NY 12203

Solomon & Solomon P C
5 Columbia Circle
Albany, NY 12203

Southern Tier Credit Bureau
PO Box 118
Hornell, NY 14843-1527

SPIEGEL
ATTN: BANKRUPTCY
PO BOX 9428
HAMPTON, VA 23541

Sprint
PO Box 1769
Newark, NJ 07101-1769

St. Elizabeth Medical Center
2209 Genesee St
Utica, NY 13501-5930

Stephen Einstein & Associates, P.C.
20 Vesey Street, Ste. 1406
New York, NY 10007

Steven A. Levine D.O
Pulmonary/Critical Care & Sleep Medicine
89 Genesee St.
New Hartford, NY 13413

Stewart D. Pratt
502 Burnet Street
Utica, NY 13501

Sunrise Credit Services
260 Airport Plaza
Farmingdale, NY 11735

Suresh Rayncha, Phsician PC
1 Oxford Crossing, Ste 6
New Hartford, NY 13413

Suzanne M. Stanton
3811 Harding Road
Clinton, NY 13323

Takhar Collection Services
537-1623 Military Rd.
Niagara Falls, NY 14304

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154-1207

Techno Services, LLC
55 Princeton Hightstown Rd
Suite 101
Princeton Junction, NJ 08550

The Danbury Mint
PO Box 371323
Pittsburgh, PA 15250

Time Buyers Inc.
3313 Seneca Tpke
Canastota, NY 13032

TIME WARNER CABLE
PO Box 2086
Binghamton, NY 13902-2086

Todd A Gioeli
79 West Seventh St.
Oneida, NY 13421

Universal Fidelity
PO Box 941911
Houston, TX 77094-8911

Usa Datanet
318 South Clinton Street, Ste 502
Syracuse, NY 13202-1135

USA Enterprises Inc.
639 Myrtle Ave
Trevose, PA 19053

Utica Emergency Physicians
3075 E. Imperial Hwy, #20
Brea, CA 92821

Veritas Instrument Rental Incorporated
PO Box 950
Pinellas Park, FL 33780

VERIZON
404 BROCK DRIVE
BLOOMINGTON, IL 61701

Visa
PO Box 17313
Baltimore, MD 21297-1313

Wfcb/Blair Catalog
Bankruptcy Department
PO Box 183043
Columbus, OH 43218-3043

William A. Graber MD
PO Box 2003
East Syracuse, NY 13057

Wonder Time
PO Box 37400
Boone, IA 50037-0400

Wood Forest
PO Box 7889
The Woodlands, TX 77387-7889

Zoo Books
PO Box 85509
San Diego, CA 92186-5509

Fill in this information to identify your case:

Debtor 1 Mary A. Miller

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of New York

Case number _____
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A - 1 Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>2,822.29</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>379.00</u>	\$ _____
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u> Copy here -> \$ <u>0.00</u>	\$ _____
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u> Copy here -> \$ <u>0.00</u>	\$ _____
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ _____

Debtor 1 **Mary A. Miller**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ 0.00	\$
10b.	\$ 0.00	\$
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 3,201.29	+ \$ 3,201.29
		= \$ 3,201.29
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=> 12a. \$ **3,201.29**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form 12b. \$ **38,415.48**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. NY

Fill in the number of people in your household. 1

Fill in the median family income for your state and size of household. 13. \$ **49,632.00**

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Mary A. Miller

Mary A. Miller
Signature of Debtor 1

Date **June 8, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Debtor 1 **Mary A. Miller**

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **12/01/2014** to **05/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **dignity**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$7,226.25** from check dated **11/30/2014** .

Ending Year-to-Date Income: **\$10,026.25** from check dated **12/24/2014** .

This Year:

Current Year-to-Date Income: **\$14,133.72** from check dated **5/29/2015** .

Income for six-month period (Current+(Ending-Starting)): **\$16,933.72** .

Average Monthly Income: **\$2,822.29** .

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **bf**

Constant income of **\$379.00** per month.